Dignity first – priorities in reform of care services (Sweden, 26-27 September 2013)[1]

Jiri Horecky
Association of Social Care Providers

Introduction

Long-term care in the Czech Republic

Long-term care in the Czech Republic is represented by health and social care. The Czech Republic is unfortunately missing a joint legal act defining long-term care across the health and social components. This is also reflected in financing, thus capacity, accessibility and quality measurements for both systems are different with barriers and borders. The long-term care recipients need both components; health and social. There have been political trials to bring up and approve a Long-term care act and both the ministries (the Ministry for Labour and Social Affairs and the Health Ministry) are jointly working on a new concept but due to the political circumstances in the Czech Republic nowadays, these activities have been stopped and are about to go on next year.

Primary the long-term care is divided into the health and social part. The secondary partition is residence and ambulant.[2]

Health care[3,4]

- In the health (nursing) part, resident care is provided in hospitals[5] in special departments called medical institutions for long-term ill people. The stay of the patients is mostly limited and is not supposed to be longer than three months. The total capacity of these services is approx. 11,400 beds[6]. Above that there is an estimate of 15,000 beds in hospital of so called "hidden social hospitalisations".[7]
- The ambulant part of health care is provided by home care. In 2010 we had 464 organisations providing home care. In 2011 home care was provided to 8,700 patients.

---

1 Prepared for the Peer Review in Social Protection and Social Inclusion programme coordinated by ÖSB Consulting, the Institute for Employment Studies (IES) and Applica, and funded by the European Commission.

2 In the Czech Republic ambulant means only day care not provided in the user's home. The care provided in user´s home is called "terénní" which would mean terrain/field service. In the health sector the term home care is being used.

3 UZIS 5/2012 Aktuální informace, Nemocnice v ČR v r. 2011, Praha.

4 Lůžková péče 2011, Zdravotnická statistika, Praha, UZIS 2012.

5 The majority of hospitals are public.

6 In hospitals with chronic beds, institutes for long-term patients and in social beds in hospitals.

7 Hidden social hospitalisations means that the only reason for the patient's stay in a hospital is its social situation (cannot return home because of the care need) and this fact is because of the financial regulators hidden with some pseudo or actual diagnose.

Social care[8]

- Nursing homes (in the Czech Republic they are called home for seniors/Domov pro seniory) have the total capacity of approx. 37,000 beds. It's necessary to say that by far, not all of the users in these homes would be identified as users of long-term care (the estimates show that it could be up to 25%). Historically, before 2007 the directors of these facilities were mainly motivated to accept users with less independence thus requiring less care.[9]
- Nursing homes with special regimes (the target group are people with special needs such as people with dementia, psychiatric problems, etc. - in the Czech Republic called Domov se zvláštním režimem) consisting of approx. 9,700 beds.
- Social home care is provided to 113,000 clients by 3,200 employees.

The current situation and the recent trends in the Czech Republic in relation to home care

Referring to the previous chapter, home care in the Czech Republic is divided into "health home care" and "social home care".

Social home care

Social home care is considered to be a social service. The social home care service is a field-based or out-patient service provided to persons with reduced self-sufficiency due to their age, chronic illness or disability, and to families with children, where their situation requires that they be assisted by another person. This service is provided at a specified time (with the time specification being the main factor differentiating this service from the personal assistance service) in their households or in out-patient facilities. This service is provided to the user for a fee.

Their providers need to be registered as social care providers. The majority of social home care providers are founded and run by municipalities followed by the NGO sector.

According to the Act about social services, social home care contains the following activities:[10]

a) help with the activities of daily life,
b) help with daily hygiene,
c) providing food[11] or help with meal preparing,
d) household services,
e) enabling contact with social surroundings.

The user's or client's maximum payments are limited by a ministry notice:[12]

For a care hour	120 Kč (5 Euros);
For whole day meals	160 Kč (6.5 Euros);
For a lunch	75 Kč (3 Euros);
For one kilometre (meals on wheels)	25 Kč (1 Euros);
For one kg laundry	60 Kč (2.5 Euros).

[8] Národní registr poskytovatelů sociálních služeb, Ministerstvo práce a sociálních věcí, 2013.
[9] So called less costly users.
[10] Act No 108/2006 Sb. about the social services.
[11] Meals on wheels.
[12] Notice No 505/2006 Sb.

Payments and financing

The social home care providers are financed through two main resources: user's payments and state subsidies. There are no given rules, criteria or claims for the state subsidies. Other resources consist of contributions of the founder, gifts, business activities, etc.

The users pay social home care either from their income (mainly retirement pensions) or from their care allowance.

Care allowance[13]

The social services system in the Czech Republic is regulated by Act No. 108/2006 Coll., on Social Services, and by the Ministry of Labour and Social Affairs Decree No. 505/2006 Coll., implementing some provisions of the Social Services Act.

The term "social services" is defined more narrowly in the Czech Republic than is the case in discussions at the European Community level.

Social services provide support and assistance to persons in adverse social situations in a form that preserves their human dignity, respects individual human needs, while at the same time bolstering the ability for the social inclusion of every individual in his or her natural social environment.

The Social Services Act offers the following fundamental instruments:

- It guarantees free social counselling for every person.
- It offers a very diverse range of social service type, from which a person can freely choose at his/her volition, financial possibilities or other individual preferences.
- People dependent on the assistance of another person due to their age or state of health, are provided a social security benefit – **a social allowance**.
- The Act guarantees that the services provided will be safe for the user, professional and adapted to people's needs.
- The Act also gives people room to participate in the decision-making processes pertaining to the scope, types and accessibility of social services in their municipality or region.

An application for this allowance may be submitted to a labour office in whose catchment area the applicant has his/her permanent or reported residence.

The allowance provided to persons up to 18 years of age in a calendar month shall amount to

a) CZK 3,000, in the case of grade I (light dependence),
b) CZK 6,000, in the case of grade II (medium-heavy dependence),
c) CZK 9,000, in the case of grade III (heavy dependence),
d) CZK 12,000, in the case of grade IV (total dependence).

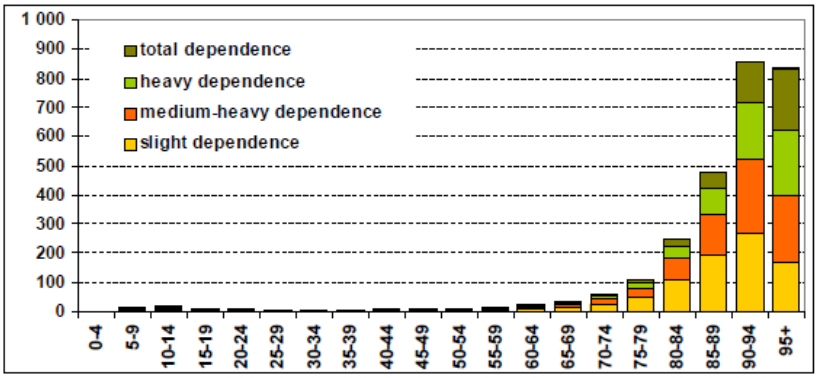
The allowance provided to persons over 18 years of age in a calendar month shall amount to

a) CZK 800, in the case of grade I (light dependence),
b) CZK 4,000, in the case of grade II (medium-heavy dependence),
c) CZK 8,000, in the case of grade III (heavy dependence),
d) CZK 12,000, in the case of grade IV (total dependence).

[13] Social services in the Czech Republic, Praha, MPSV ČR 2010.

Recipients of care allowance

(by age groups and level of dependence per 1000 inhabitants)



Health home care[14]

Home care works in the framework of primary care, in the normal social environment of clients, and it strives to provide maximum extent and quality of health and social care, with regard to the particular client's conditions and in line with the recent scientific research, so as to avoid the patient's hospitalisation or admission to a social care institute unless it is absolutely necessary.[15]

Home care is provided by mainly NGO organisations and individuals. The basic prerequisite is the registration of a Health services provider (expertise No 925). Home care covers a wide range of services including activities mainly of medical nature.

By the end of 2011 home health care in the Czech Republic was provided by 472 facilities with more than 3,000 health professional workers. Home care services were provided to 147 patients, of whom app. four fifths (79%) were 65 years and over and two thirds were women. The workers made over 5.9 million home visits, on average 40 visits per 1 client. In total 11.6 million procedures were performed, of which 94% were reimbursed by public health insurance.[16]

Home care is fully covered by the health insurance system under two conditions. The recipient of home care is a "participant" in health insurance and the home care is prescribed by the family doctor/general practitioner.[17] In other cases the patient must cover all the costs by himself.

The home care system may be represented by various forms of medical care:

- Nursing care, defined by responsibilities of a general nurse, pediatric nurse, mid-wife, nurse specialised in a particular specialty (for example care of stoma).
- Rehabilitation care, defined by responsibilities of a physiotherapist or ergotherapist (occupational therapeutics).

[14] Financování a nákladovost sociálních služeb, Tábor, APSS ČR 2013.
[15] www.domaci-pece.info
[16] Domácí zdravotní péče v České republice v r. 2011, Praha, UZIS 2011.
[17] After leaving the hospital, home care can be prescribed by the hospital specialist doctor.

Care, therapy and conciliar advice provided in response to the client's momentary health and mental condition by relevant physicians of different medical specialties – GP for adults, GP for children and youths, outpatient specialists.

Technology in home care in the Czech Republic

Telemedicine (as one of the host country's discussion papers mentioned as used technology) is not being used in home care in the Czech Republic There have been some pilot projects from Israeli and American companies but it isn't widely practised. The main reason for that is the financing as the insurance companies seek mainly for short-term investments and more over for cuts to decrease their costs.

An accessible assistive product is the so-called "tísňová péče" known as emergency call. It´s defined in the Act about social services and it´s possible to claim the state subsidy for providing this service.

Emergency care is a comprehensive social service, the main purpose of which is to reduce health and social risks for senior citizens and handicapped people. The chief merit of the service is in helping handicapped people and seniors of advanced age to live in dignity, according to their wishes and in their natural environment – at home.

The major provider of those services is the company Život 90 that offers the system AREÍON.

The AREÍON Emergency Care Service is today provided through the main control room in Prague and regional control rooms in Hradec Králové, Kutná Hora and Jihlava to almost 1,300 clients in 34 towns in six Czech regions.

AREÍON emergency care comprises the following activities:

Provision or mediation of emergency care in:

- unexpected situations (injury, fall etc.);
- unforeseen critical situations (sudden deterioration of health etc.);
- emergency situations (assault or threat by another person);
- social consultancy;
- social therapeutic work;
- arranging contacts with social environment;
- assistance in exercising rights, legitimate interests and procurement of personal matters.[18]

Besides Život 90, there are also other minor providers. The total number is 18 providers of emergency calls.

Moreover, modern tools are being used while providing home care such as barcodes readers, IT solutions, GPS locators etc.

Not long ago a new alliance of companies and organisations concentrated on assistive technologies was formed. OAAT (Open Alliance of Assistive Technologies) was established on the base of the situation described below. The formation was initiated by the Technology Alliance HIGH TECH PARK together with ČVUT FEL (Czech Technical University).

Assistive technologies are a modern tool to overcome the handicap. We see them as tools that help improving physical or mental functions. Modern technologies are

[18] Život 90, Praha.

more and more common part of our lives. Our homes and everyday items are getting smarter. Assistive technologies in addition to artificial intelligence can compensate handicap.

OAAT is in its activities at the beginning, but there are some universities, the Technology Alliance HIGH TECH PARK (it associates about 150 subjects, for example Intel, LG, Microsoft, Motorola, KinaliSoft, Samsung, Život 90, etc.) in this initiative involved. The work output of the OAAT project participants should be a draft of clear and coherent strategies to solve the needs of this target group that will grow in future. The goal is prevention in the care of the chronically ill and disabled citizens to allow them to stay as long as possible in the original environment, which is positively reflected in the economic cost of their care that are minimised.

Quality insurance of home care in the Czech Republic

Referring back to the first chapter, home care in the Czech republic is defined and realised in two clearly divided segments: health and social. The quality insurance is totally different in both the segments.

Social home care

In social home care, the quality is ensured by the Standards of quality of social services that are defined and inspected by the state.

Social services may only be provided on the basis of the registration of the provider of the social services. Registration is understood to mean the issue of licences to provide concrete types of services. These licenses are issued by regional authorities in administrative proceedings based on an assessment of whether the provider is capable of meeting all the conditions prescribed by the Act. The meeting of all the conditions prescribed by the Act, including the quality standards of social services, is controlled in the form of an inspection made of the social services. If the provider does not meet these conditions, the licence to provide these social services may be withdrawn. The fundamental measure of the quality of social services is the compliance with human rights when providing social services.[19]

The quality standards are divided into three groups:

1. PROCEDURAL (goal, principles, human rights, conflict of interests, contract, documentation, complaint management, user centred attitude, etc.);
2. PERSONAL (staff – structure, education, personal goals and developments, volunteers, rewards, communication channels and ways, etc.);
3. TECHNICAL (equipment, information, critical situation, quality raising, etc.).

Positive aspects of quality standards

As mentioned above the standards have brought a totally new and different attitude to the user.[20] The role of the user changed from being an object to being a subject of the social care and defining the shape and structure of the provided care. Also, there is now a very strong emphasis on users' rights, dignity and privileges given also through users' will and determination was a breakthrough in social services. These positive aspects are so crucial that they eliminate the negative aspects described below.

[19] Social services in the Czech Republic, Praha, MPSV ČR 2010.
[20] Of course the change has not been immediate because it requires the change of employee's attitudes and their way of thinking.

Negatives of quality standards

The definition of quality standards is general so that it could be applied to various sorts of social services. This general definition gives in some cases space for the possibility of subjective assessment by the inspection.

The quality standards are set from the submitter's point of view[21] which means not all of the criteria of the standards are reflecting the quality from the users' point of view.

Also included in the discussion papers is the description of double meanings which could be identified as a negative aspect. Do the standards or meeting those standards mean quality, basic conditions and presumption of providing the social service?

All other quality measurements are optional. Very few organisations have adopted ISO 9001 or EFQM.

The Association of Social Care Providers is starting the Quality mark in home care awarding stars to the providers.[22]

Future challenges and possible scenarios

Although the importance of the LTC system is growing which is reflected in the vivid public discussion on the provision of services and the problems that the system faces, it is still disintegrated on the side of the health care system and social security.

The most important problem seems to be the lack of an integrated national strategy regarding LTC and, as a result of the statement above, no common definition of LTC. The structure of the institutional arrangement is not transparent, with some of the LTC institutions located in the health care system and some in social services. The pressure on home based care, which is often expressed in the documents of the Ministry of Labour and Social Affairs, will not be successful without appropriate labour market measures such as employment flexibility. This is especially true when most of the informal care givers are active members of the labor market who work full time.[23]

Financial sustainability

Financial sustainability is a topic being mentioned more often every year. In the last years there were two main reasons for this fact; cuts in public budgets and its consequences due to the slowly ending crisis and like in other EU countries, the demographic prognoses.

The present forecast of age structures contains irregularities originating during the past decades. The gradual shift to an older age usually triggers certain development fluctuations.

Afterwards, fluctuations became the strongest during these irregularities coming across as an exposed age, e.g. female highest fertility or high mortality probability. The late 2000 age structure was chosen as the starting one, being the last balanced structure related to the 1991 census.

[21] Institutions that issue regulations and assure financing of the social services such as state representation by the Ministry of social affairs and regions.

[22] The Quality mark project was succesfully started three years ago in care homes and is now being extended also for home care and daily care.

[23] Agnieszak Sowa, The system of long-term care in the Czech Republic, Brussels, ENEPRI 2010.

The Czech Republic realistically forecasted population development consequences and its decreases and permanently deteriorating age structure will not only impact the country's economy (reductions of potential workforce) but mainly in the wider social sphere (huge increase of retirees and of the elderly medical care claims) even after much needed economic activity increased the age limit. However, the Czech Republic's population ageing outcome will also affect a sphere not included within the forecast findings. That is of society's mentality and psyche, definitely affected by a very high percentage of elderly people.[24]

The total amount of state subsidies for the social home care is slightly raising but the total amount of the state subsidies has been decreasing since 2009.[25]

Nursing home care, which is fully covered by the health insurance system, is depending on its total development. The biggest state health insurance company is now showing deficit results. For that reason, no new capacities have been subcontracted since 2010. Thus, the capacity of nursing home care remains stable in spite of a slightly increasing number of people in need.

New technological solutions, new ways and prospects how to handle the increasing demand are going to be one of the main topics and issues for the new government in the next four-year period.

[24] Czech Republic development forecast until 2050, PublMed.gov, 2010.
[25] With the exception of 2012-2013 when a slight increase is noteworthy.